



Vibriosis (non-cholera)

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Investigation start date: ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Diarrhea Maximum # stools in 24 hours: ____

☐ ☐ ☐ ☐ Bloody diarrhea

☐ ☐ ☐ ☐ Watery diarrhea

☐ ☐ ☐ ☐ Abdominal cramps or pain

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ Fever Highest measured temp (°F): ____

☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

☐ ☐ ☐ ☐ Headache

☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)

☐ ☐ ☐ ☐ Rash

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

☐ ☐ ☐ ☐ Systemic corticosteroids in last 30 days

☐ ☐ ☐ ☐ Cancer, solid tumors, or hematologic malignancies

☐ ☐ ☐ ☐ Chemotherapy 30 days prior to onset

☐ ☐ ☐ ☐ Chronic diabetes

☐ ☐ ☐ ☐ Insulin-dependent diabetes

☐ ☐ ☐ ☐ Chronic heart disease

☐ ☐ ☐ ☐ Preexisting heart failure

☐ ☐ ☐ ☐ Gastric surgery or gastrectomy in past

☐ ☐ ☐ ☐ Peptic ulcer

☐ ☐ ☐ ☐ Chronic liver disease

☐ ☐ ☐ ☐ Chronic kidney disease

☐ ☐ ☐ ☐ H2 blocker or ulcer medication (e.g. Tagamet, Zantac, Omeprazole)

☐ ☐ ☐ ☐ Radiotherapy in last 30 days

☐ ☐ ☐ ☐ Antibiotic use in 30 days prior to onset

☐ ☐ ☐ ☐ Acute injury or wound Date: ____/____/____

Anatomic site: _____

☐ ☐ ☐ ☐ Alcoholism

☐ ☐ ☐ ☐ Antacid use regularly

☐ ☐ ☐ ☐ Hematologic disease

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Sepsis syndrome

☐ ☐ ☐ ☐ Shock

☐ ☐ ☐ ☐ Cellulitis

☐ ☐ ☐ ☐ Cutaneous ulcer

☐ ☐ ☐ ☐ Other clinical findings consistent with illness

Specify: _____

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____ exception

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____

Source _____

P = Positive O = Other

N = Negative NT = Not Tested

I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ Pathogenic *Vibrio* species (except toxigenic *V. cholerae*) culture (clinical specimen)

Specimen source: ☐ Stool ☐ Wound

☐ Other: _____

☐ *V. parahaemolyticus*

☐ *V. vulnificus*

☐ *V. alginolyticus*

☐ *V. fluvialis*

☐ Non-toxigenic *V. cholerae*

☐ Other pathogenic non-cholera *Vibrio* species

Specify: _____

☐ Unknown

☐ ☐ ☐ ☐ ☐ Food specimen culture

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to figure probable exposure periods

Days from onset:

Exposure period

-4

-0

o
n
s
e
t

Calendar dates:

EXPOSURE* (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Contact with lab confirmed case

☐ Casual ☐ Household ☐ Sexual

☐ Needle use ☐ Other: _____

☐ ☐ ☐ ☐ Shellfish or seafood

County or location shellfish collected: _____

☐ ☐ ☐ ☐ Raw or undercooked shellfish or seafood

☐ **CDC surveillance report form completed (see note below)**

Y N DK NA

☐ ☐ ☐ ☐ Handled raw seafood

☐ ☐ ☐ ☐ Known contaminated food product

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/location: _____

Y N DK NA

☐ ☐ ☐ ☐ Source of drinking water known

☐ Individual well ☐ Shared well

☐ Public water system ☐ Bottled water

☐ Other: _____

☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

☐ ☐ ☐ ☐ Skin exposed to water or aquatic organisms

☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed

Note: CDC surveillance report form is also required. The CDC surveillance report form can be found at:

http://www.cdc.gov/foodborneoutbreaks/documents/cholera_vibrio_report.pdf

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

☐ ☐ ☐ ☐ Antibiotics prescribed for this illness

Date antibiotic treatment began: ____/____/____

Antibiotic name: _____

days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES**PUBLIC HEALTH ACTIONS**

☐ Initiate trace-back investigation

☐ Restaurant inspection

☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____